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## Rationing of health care services to the elderly in the opinion of staff hospital emergency departments

Mateusz Adamczyk<sup>1</sup>, Bernadeta Jędrzejkiewicz<sup>2</sup>, Marlena Anna Ogórek<sup>3</sup>,  
Beata Dobrowolska<sup>4</sup>

<sup>1</sup>A graduate of Nursing, Faculty of Health Sciences, Medical University of Lublin

<sup>2</sup>PhD student, Department of Family Medicine and Environmental Health, Faculty of Health Sciences, Medical University of Lublin, <https://orcid.org/0000-0002-2262-2551>,  
[b.jedrzejkiewicz@gmail.com](mailto:b.jedrzejkiewicz@gmail.com)

<sup>3</sup>PhD student, Department of Pediatric Nursing, Faculty of Health Sciences, Medical University of Lublin, <http://orcid.org/0000-0001-9937-2274> [ogorek.marlena@gmail.com](mailto:ogorek.marlena@gmail.com)

<sup>4</sup>Department of Fundamentals of Nursing and Teaching of Medicine, Faculty of Health Sciences, Medical University of Lublin, <https://orcid.org/0000-0001-9178-9534>,  
[bb.dobrowolska@gmail.com](mailto:bb.dobrowolska@gmail.com)

### *Corresponding author*

Marlena Anna Ogórek

Doctoral Student, Department of Paediatric Nursing, Faculty of Health Sciences, Medical University of Lublin, Poland

ul. Prof. Antoniego Gębali 6

20-093 Lublin

Mobile: +48605176522

E-mail: [ogorek.marlena@gmail.com](mailto:ogorek.marlena@gmail.com)

## **Abstract**

**Introduction.** Rationing of medical services is based on several rules, among which stand out the ethical rules. This means equal access to health care for everyone regardless of age, religion, gender or social status. Possible discrimination because of age is called ageism, which consists of resentment, making unjust and unfair judgment or abusive choices in relation to the elderly.

**Purpose of the work.** The aim of this study was to investigate the views of staff of hospital emergency departments on the ethical aspects of the rationing of health care services to the elderly.

**Material and methods.** The study was conducted in 2017 in a group of 60 nurses and 60 paramedics working in emergency departments Lublin province. Diagnostic survey method was used. The collected material was subjected to statistical analysis using the software SPSS IBM Statistic.

**Results.** The age of the patient, in determining order of medical care, was important to 18.4% (n = 22) tested. For nurses, the criterion of age was statistically more significant than for paramedics ( $p < 0.001$ ). 91.7% (n = 110) of the test target considers guiding by the age by the assistance as unethical. For 90% (n = 108) the right of access to the services should be equal. At the same time, only 26.7% (n = 32) of respondents believe that all patients are treated equally. 55% (n = 66) admits that at least once in a lifetime gave first aid to a younger person (guided by the criterion of age). Substantially more often the aid was given by nurses ( $p < 0.001$ ). 51.7% (n = 62) of respondents sees the inferior treatment of the elderly. Statistically more often this state was observed by nurses ( $p = 0.003$ ).

**Conclusions.** According to respondents, access to health services should be equal for everyone. At the same time they admit that older patients are not treated on a par with the young person and it happens that the elderly receive help later. More than half of the respondents observed the phenomenon of discrimination against the elderly in the emergency departments. It manifests itself in greater impatience, contempt, and the stereotypical image of an elderly man as a person in need of companionship, conversation, interests and no medical assistance.

**Keywords:** ageism, rationing of benefits, emergency department, A&E

## **Introduction**

In contemporary literature many definitions of the term "old age" can be found. One of them is proposed by prof. A. Zych, that old age is "an inevitable effect of aging, in which the biological processes, psychological and social begin to interact synergistically, leading to a breach of the biological and mental balance without the possibility of counteracting this (...) The inevitable end of the old age is death" [1] . According to modern biologists, the characteristic first signs of aging appear after the age of 40 [2]. However, despite continuous progress in science still fails to identify a specific and precise moment in the life of a man which could be considered as "the beginning of the process of aging". According to the UN as 65 years of age is considered to be the contractual beginning of the old age. [3]. However, each one starts and goes through this step individually, and the seniors' opinion on this topic is subjective. [4] In the course of the aging process, every cell, tissue, organ systematically subject to the inevitable and adverse changes that impair its functioning. In most aging pertains to cells in the brain, kidney, cardiac muscle and the lens of the eye. This is because the cells of these organs do not undergo divisions and are not replaced by new ones [5]. In older people many difficult to treat conditions occur simultaneously. Persons over 65 years of age constitute the largest group of patients. Multidisease characterizing the elderly and worsening functional efficiency require particular attention and approach from the medical staff.

Constantly increasing number of older people is a challenge for the health system. According to a demographic report of the European Commission from 2010 it shows that over the last 20 years within the European Union the number of people aged 65 and over increased by 3.7%. The process of aging of the European population will accelerate even more by 2050. According to the Central Statistical Office's report the population of Poland will decrease in 2050 by 12% from the state in 2013, what is about 4.55 million and will decrease to 33 million 951 thousand. According to forecasts, the number of people aged 65 and over will increase by 5.4 million and will constitute 1/3 of the population compared to 2013. It is assumed that life expectancy will be prolonged and in 2050 in the cities will reach 82.5 years for men and 87.5 for women (this is an increase of 9 and 6 years) [6].

The phenomenon of old age as results from the cited projections will inevitably increase. With the aging and the elderly many negative perceptions are related to, and the unfair way they represent them. This is confirmed by research conducted by B. Krupa among high school students. One quarter of respondents indicated that they associate old age with death, illness and pain. Respondents felt that seniors are egocentric people, old age is itself a synonym of weakness and ugliness, disease time, transience, loneliness and death. The view of the public

about seniors and aging is very biased, contributes to the formation of harmful stereotypes which intensify the phenomenon of discrimination [7].

The term "discrimination" is derived from the Latin word *discrimination* meaning unequal treatment, selective evaluation. It is characterized by the long-term durability and purpose [8]. A person may experience discrimination due to biological characteristics (sex, age), origin, sexual orientation, disease, religion, or life situation [9]. The discrimination based on age basis for making unfair, unjust, abusive, or otherwise contrary to the norms choices and decisions is the age [10]. Each discrimination is a phenomenon highly negative and prohibited by law, both the Polish and the European Union. Discrimination based on age can be experienced in every area of life. Reprehensible is when age becomes a cause of lack of respect and barriers to access and use of public goods.

One of the many forms of ageism (discrimination based on age) is insufficient level and limited access to health care and unequal rationing of benefits. The rules, which are guided by separating health services, can be divided into four groups, namely: ethical rules, selection rules between individuals, the rules of the effect, and the rules of procedure. Ethical rules include rules relating to the broad sense of justice, which means equal opportunities [11]. In terms of health, this means that every citizen, regardless of age, social status, religion, sex have equal access to medical care, regardless of their price and natural limits. [12]

### **Purpose of the work**

The aim of this study was to investigate the views of staff of hospital emergency departments on the ethical aspects of the rationing of health care services to the elderly.

### **Material and method**

The study was conducted in 2017 in a group of 60 nurses and 60 paramedics working in emergency departments in Lublin province. Diagnostic survey method was used. The collected material was subjected to statistical analysis using the software SPSS IBM Statistic.

### **Results**

The average age of nurses was 38 years, and among paramedics 36 years. Among the probed nurses was 1 male and 59 female. In turn, among paramedics were 14 women and 46 men. The average job seniority of both nurses and paramedics was 9 years old. The study involved 50% of certified paramedics and 50% of nurses. Most of the nurses had a master's degree. In addition,

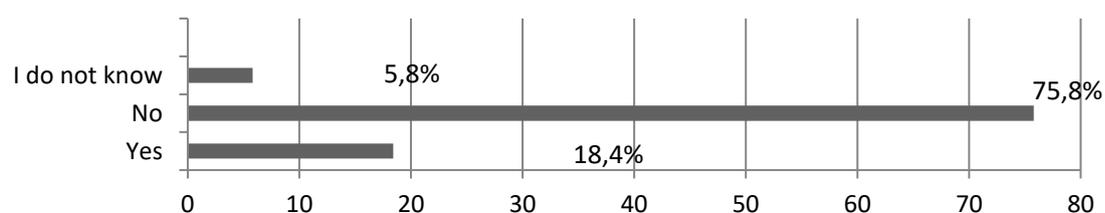
4.2% of nurse was BCs, and 6.7% was registered nurses. The characteristics of the tested group are presented in Table 1.

Table 1. Characteristics of the study group

	Nurses	Paramedics
Average age	38 years	36 years
Average job seniority	9 years	9 years
Sex	Female - 98.3% Male - 1.7%	Female - 23.3% Male - 76.7%
Education	Bachelor - 4.2% Master - 39.2% Registered nurse - 6.7%	Qualified paramedic -50%

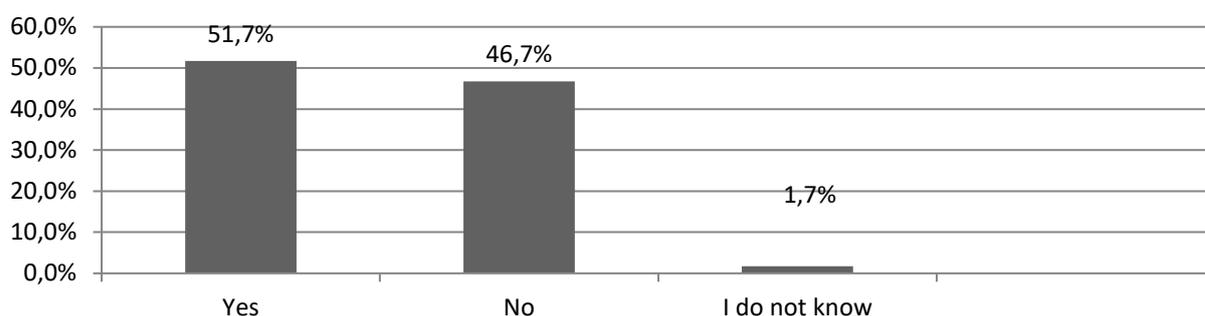
The criterion which subjects considered as the most important in determination of the order of implementation of health benefits by medical personnel was the state of patient's health. To a lesser extent, the respondents took into account the opinion of the patient and / or his family and leverage to accelerate the realization of benefits. The patient's age proved to be the least important criterion in determining the sequence of execution of health benefits. For nurses, the criterion of age was statistically more significant than for paramedics ( $p < 0.001$ ). Age criterion shows a graph 1.

Figure 1. Age as the main criterion for medical segregation



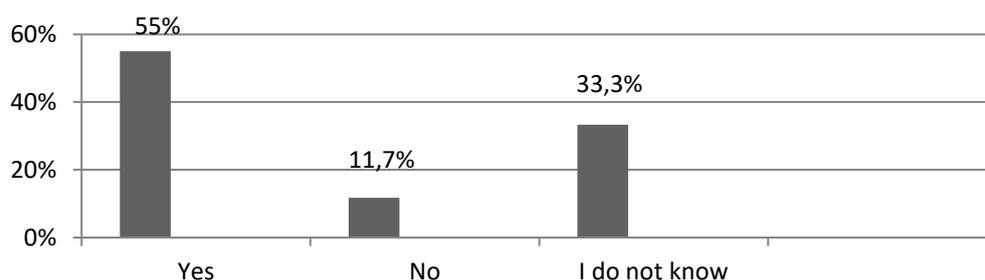
Just over half of the respondents observed the inferior treatment of the elderly in A&E. It involves treatment of the elderly people with greater impatience and disdain than patients in working age or under-age, dismissing health problems reported by older people, discussion of matters concerning them with their family instead of with the same stakeholders, unnecessary violation of the dignity of the elderly. Statistically, this state was watched more often by the nurses ( $p = 0.003$ ). Observations of worse treatment of the elderly is shown in a graph 2.

Figure 2. Observation of worse treatment of the elderly in the A&E



Although the majority of respondents declared that unethical is guiding by the age when assisting the large group, slightly more than half of the subjects declared at least once in a lifetime assisting the larger group of people, following the criterion of age (ie. first aid granted younger man). Significantly more often the aid by the age was granted by nurses ( $p < 0.001$ ). Figure 3 shows the results.

Figure 3. Assistance first to a younger person in a larger group of people.



## Discussion

Research on discrimination on grounds of age by health care workers conducted in 2015 Burak A. and A. Reczyńska. Studied group consisted of 265 nurses, of which the largest number of people - 90 worked in Hospital Emergency Department. The results apply to people working in the A&E. 11.1% of A&E employees admitted that they treat seniors less favourably, 31.1% dislikes the elderly, 8.9% witnessed circumventing or delays of health service. In the opinion of 36.7% of A&E seniors have limited access to medical services. The analysis showed that significantly more frequently the phenomenon of ageism is observed by the A&E employees[13]. In our study, 66.6% of respondents claimed that older people have less access to health benefits. Also worrying is the fact that 66.6% of the respondents (18.3% of nurses,

43,3% of paramedics) considers the stereotype of the elderly in A&E (not in the state of their health but the need of speech, companionship and attention) as genuine.

### **Conclusions**

For examined medical staff the medical criteria, not the age of the patient, are essential to carry out medical segregation in the A&E.

State of health has been recognized as the most important criterion taken into account in determining the order of benefits.

Respondents in most cases are of the opinion that patients aged 65+ have limited access to medical services.

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## Author Statements

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